## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10705249

| CLAIMS AS FILED - PART (Column 1)                                                          |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     | (Column 2)       |           | SMALL ENTITY TYPE |                        | OR        | OTHER THAN OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------|------------------|-----------|-------------------|------------------------|-----------|----------------------------|------------------------|
| TC                                                                                         | TAL CLAIMS                                                                                                                                                                                                                                                                                                         |                                                 | 20                                    |                                         |                     |                  |           | RATE              | FEE                    |           | RATE                       | FEE                    |
| FO                                                                                         | R                                                                                                                                                                                                                                                                                                                  | NUMBER F                                        | NUMBER FILED                          |                                         | ER EXTRA            |                  | BASIC FEE | 385.00            | OR                     | BASIC FEE | 770.00                     |                        |
| то                                                                                         | TAL CHARGEA                                                                                                                                                                                                                                                                                                        | 20 min                                          | ـــــــــــــــــــــــــــــــــــــ |                                         |                     |                  | X\$ 9=    |                   | OR                     | X\$18=    |                            |                        |
| IND                                                                                        | EPENDENT CL                                                                                                                                                                                                                                                                                                        | 2 mir                                           | 2 minus 3 =                           |                                         | <u> </u>            |                  | X43=      |                   | OR                     | X86=      |                            |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                           |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     |                  |           | +145=             |                        | OR        | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter                                   |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     | olumn 2          | ,         | TOTAL             |                        | OR        | TOTAL                      | 740                    |
|                                                                                            | (Column 3)                                                                                                                                                                                                                                                                                                         |                                                 | SMALL E                               | NTITY                                   | OR                  | OTHER<br>SMALL I |           |                   |                        |           |                            |                        |
| AMENDMENT A                                                                                |                                                                                                                                                                                                                                                                                                                    | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                                       | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                            | Total                                                                                                                                                                                                                                                                                                              | *                                               | Minus                                 | ##                                      |                     | =                |           | X\$ 9=            |                        | OR        | X\$18=                     |                        |
| MEN                                                                                        | Independent                                                                                                                                                                                                                                                                                                        | *                                               | Minus                                 | ***                                     |                     | =                |           | X43=              |                        | OR        | X86=                       |                        |
| <u> </u>                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                     |                                                 |                                       |                                         |                     |                  | ·         | +145=             | -                      | OR        | +290=                      |                        |
|                                                                                            |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     |                  |           | TOTAL             |                        |           | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)                                                           |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     |                  |           | ADDIT. FEE        |                        | J         | ADDIT. FEE                 |                        |
| _                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                 | HIGH                                  |                                         | (Column 3)          | 1 1              |           | ADDI-             | l                      |           | ADDI-                      |                        |
| AMENDMENT B                                                                                |                                                                                                                                                                                                                                                                                                                    | REMAINING<br>AFTER<br>AMENDMENT                 |                                       | NUM<br>PREVIO<br>PAID                   | OUSLY               | PRESENT<br>EXTRA |           | RATE              | TIONAL<br>FEE          | •         | RATE                       | TIONAL<br>FEE          |
|                                                                                            | Total                                                                                                                                                                                                                                                                                                              | *                                               | Minus                                 | **                                      |                     | =                |           | X\$ 9=            |                        | OR        | X\$18=                     |                        |
|                                                                                            | Independent                                                                                                                                                                                                                                                                                                        | *                                               | Minus                                 | ***                                     |                     | =                |           | X43=              | . ,                    | OR        | X86=                       |                        |
| <u> </u>                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                     |                                                 |                                       |                                         |                     |                  | 3         | +145=             |                        | OR        | +290=                      |                        |
|                                                                                            |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     |                  |           | TOTAL             |                        | 00        | TOTAL                      |                        |
|                                                                                            |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     |                  |           | ADDIT. FEE        |                        | OR        | ADDIT. FEE                 |                        |
|                                                                                            | (Column 1)                                                                                                                                                                                                                                                                                                         |                                                 |                                       |                                         |                     | (Column 3)       | ٦.        |                   |                        |           |                            | 1                      |
| AMENDMENT C                                                                                |                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT                |                                       | NUM<br>PREVI                            | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                            | Total                                                                                                                                                                                                                                                                                                              | *                                               | Minus                                 | **                                      |                     | = .              |           | X\$ 9=            |                        | OR        | X\$18=                     |                        |
| MEN                                                                                        | Independent                                                                                                                                                                                                                                                                                                        | *                                               | Minus                                 | ***                                     |                     | =                |           | X43=              |                        | OR        | X86=                       |                        |
|                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                     |                                                 |                                       |                                         |                     |                  |           | +145=             |                        | ĺ         | +290=                      |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL |                                                                                                                                                                                                                                                                                                                    |                                                 |                                       |                                         |                     |                  |           |                   |                        | OR        | TOTAL                      |                        |
| **                                                                                         | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                 |                                       |                                         |                     |                  |           |                   |                        |           |                            |                        |